| SCC eFile 2013 ANNUAL REPORT 213519844 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION |                                     |                                   |  |  |  |
|--|-------------------------------------|-----------------------------------|--|--|--|
| 1.) CORPORATION NAME:  |                                     |                                   | DUE DATE:  | 5/31/2013                                |  |
| Starr Aviation Agency, Inc.  |                                     |                                   |  |  |  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301   |                                     | S:                                | SCC ID NO: <b>F1667106</b> 5.) STOCK INFORMATION |  |  |
|  |                                     |                                   |  |  |  |
| GLEN ALLEN, VA   |                                     |                                   | CLASS  | AUTHORIZED                               |  |
| 3.) CITY OR COUNTY OF VA REG<br>HENRICO COUNTY   | ISTERED OFFICE:                     |                                   |  |  |  |
| 4.) STATE OR COUNTRY OF INCO   | ORPORATION:                         |                                   |  |  |  |
| 6.) PRINCIPAL OFFICE ADDRESS   | :                                   |                                   |  |  |  |
| ADDRESS: 3353 Pe<br>Suite 1  |                                     |                                   |  |  |  |
| CITY/ST/ZIP: Atlant  | a, GA 30326                         |                                   |  |  |  |
| 7.) DIRECTORS AND PRINCIPAL (  |                                     | rs and principa<br>signated as bo | l officers must be<br>oth a director and         | e listed. An individual<br>d an officer. |  |
|  |                                     | χ OFFIC                           | CER  | χ DIRECTOR                               |  |
| NAME:<br>TITLE:  | Steven G. Blakey                    |                                   |  |  |  |
| ADDRESS:   | CEO<br>3353 Peachtree Road N.E      |                                   |  |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000                          |                                   |  |  |  |
| C11 1/31/211 /CO.  | Atlanta , GA 30326                  | OFFIC                             | OF D   | DIDECTOR                                 |  |
| NAME:  | William Robert Eason                | X OFFIC                           | JER  | X DIRECTOR                               |  |
| TITLE:   | PRESIDENT                           |                                   |  |  |  |
| ADDRESS:   | 3353 Peachtree Road N.E             |                                   |  |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000<br>Atlanta , GA 30326    |                                   |  |  |  |
|  |                                     | OFFIC                             | CER  | χ DIRECTOR                               |  |
| NAME:  | John Alva Myers                     |                                   |  |  |  |
| TITLE:<br>ADDRESS:   | DIRECTOR<br>3353 Peachtree Road N.E |                                   |  |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000<br>Atlanta , GA 30326    |                                   |  |  |  |
|  |                                     | X OFFIC                           | CER  | X DIRECTOR                               |  |
| NAME:<br>TITLE:  | Kyle Anthony Sparks<br>Senior VP    |                                   |  |  |  |
| ADDRESS:   | 3353 Peachtree Road N.E             |                                   |  |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000<br>Atlanta , GA 30326    |                                   |  |  |  |
|  |                                     | χ OFFIC                           | CER  | DIRECTOR                                 |  |
| NAME:<br>TITLE:  | James M. Miller<br>Senior VP        |                                   |  |  |  |
| ADDRESS:   | 3353 Peachtree Road N.E.            |                                   |  |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000<br>Atlanta, GA 30326     |                                   |  |  |  |

|  |   | X OFFICER                               | DIRECTOR                            |  |  |
|--|---|---|-------------------------------------|--|--|
| NAME:  | Thomas A Bryan                                    |   |                                     |  |  |
| TITLE:   | SECRETARY   |   |                                     |  |  |
| ADDRESS:   | 399 Park Avenue                                   |   |                                     |  |  |
| CITY/ST/7ID/CO   | 8th Floor   |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | New York , NY 10022                               |   |                                     |  |  |
|  |   | χ OFFICER                               | DIRECTOR                            |  |  |
| NAME:  | John A. Luikert                                   |   |                                     |  |  |
| TITLE:   | Executive VP                                      |   |                                     |  |  |
| ADDRESS:   | 3353 Peachtree Road N.E.                          |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000<br>Atlanta, GA 30326                   |   |                                     |  |  |
| 61117617211766.  | Alianta, GA 30320                                 |   |                                     |  |  |
|  |   | X OFFICER                               | DIRECTOR                            |  |  |
| NAME:  | William C. Harwell, Jr.                           |   |                                     |  |  |
| TITLE:<br>ADDRESS:   | VICE PRESIDENT<br>3353 Peachtree Road N.E         |   |                                     |  |  |
| ADDRESS.   |   |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | Suite 1000<br>Atlanta , GA 30326                  |   |                                     |  |  |
| ,  | 7 tildrita ; G7 t 00020                           | OFFICER                                 | PIDEOTOR                            |  |  |
| NAME.  | AP 1 B 1 I  | X OFFICER                               | DIRECTOR                            |  |  |
| NAME:<br>TITLE:  | Niraj Patel                                       |   |                                     |  |  |
| ADDRESS:   | Controller<br>3353 Peachtree Rd, NE               |   |                                     |  |  |
| ADDITEGO.  | Suite 1000  |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | Atlanta , GA 30326                                |   |                                     |  |  |
|  |   | X OFFICER                               | DIRECTOR                            |  |  |
| NAME:  | Lynn Plaina                                       | X OFFICER                               | BIREGION                            |  |  |
| TITLE:   | Lynn Blaine<br>Assistant VP                       |   |                                     |  |  |
| ADDRESS:   | 5151 San Felipe St                                |   |                                     |  |  |
| 7.22.1260.   | Suite 700   |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | Houston, TX 77056                                 |   |                                     |  |  |
|  |   | χ OFFICER                               | DIRECTOR                            |  |  |
| NAME:  | Julie Murray                                      | X                                       |                                     |  |  |
| TITLE:   | ASST SECRETARY                                    |   |                                     |  |  |
| ADDRESS:   | 399 Park Avenue                                   |   |                                     |  |  |
|  | 8th Floor   |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | New York, NY 10022                                |   |                                     |  |  |
|  |   | χ OFFICER                               | DIRECTOR                            |  |  |
| NAME:  | Brian McBride                                     |   |                                     |  |  |
| TITLE:   | Senior VP   |   |                                     |  |  |
| ADDRESS:   | 3353 Peachtree Road N.E.                          |   |                                     |  |  |
|  | Suite 1000  |   |                                     |  |  |
| CITY/ST/ZIP/CO:  | Atlanta , GA 30326                                |   |                                     |  |  |
| I AFFIRM THAT THE INFORMATIO COMPLETE AS OF THE DATE BEL   | N CONTAINED IN THIS ELI<br>.OW AND THAT I AM LEGA | ECTRONIC REPORT IS<br>LLY AUTHORIZED TO | S ACCURATE AND<br>SIGN THIS REPORT. |  |  |
| /s/ Julie Murray   | Julie Murray, ASST SEC                            | RETARY                                  | 4/26/2013                           |  |  |
| SIGNATURE OF DIRECTOR/OFFICER  |   |   | DATE                                |  |  |
| LISTED IN THIS REPORT TITLE  |   |   |                                     |  |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |   |                                     |  |  |

respect